



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**U.S. Patent Application of**

**MINEMURA et al.**

**Application Number: 10/774,587**

**Filed: February 10, 2004**

**For: PRML (PARTIAL RESPONSE MAXIMUM LIKELIHOOD) INFORMATION REPRODUCING METHOD AND INFORMATION REPRODUCING APPARATUS FOR IMPLEMENTING THE SAME (AS AMENDED)**

**Attorney Docket No. HIRA.0142**

**Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**COVER LETTER**

Sir:

The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	10	11	(Over 20)	x \$50	0
Independent Claims	2	2	(Over 3)	x \$210	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$370	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				<b>TOTAL</b>	<b>0</b>

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

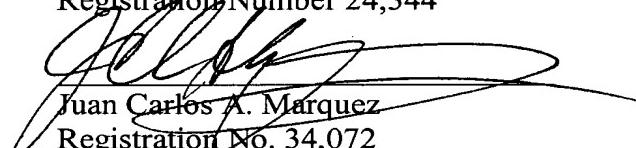
- Response to Office Action  
(w/ Claim Amendments)  
 Substitute Specification  
(w/ clean and marked-up version)  
 Information Disclosure Statement

- Petition for Extension of Time (2 month)  
 Terminal Disclaimer  
 Letter to Draftsperson  
(w/ \_\_\_ sheets of Replacement Drawings)  
 Other \_\_\_\_\_

- Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_.  
A duplicate copy of this paper is enclosed.
- A check in the amount of **\$460.00** to cover the two month extension fee is enclosed.
- The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

Stanley P. Fisher  
Registration Number 24,344

  
Juan Carlos A. Marquez  
Registration No. 34,072

**REED SMITH LLP**  
3110 Fairview Park Drive  
Suite 1400  
Falls Church, Virginia 22042  
(703) 641-4200  
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